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1966-1985

Medicare Reference Chart 1966—1985

Part A—Hospital Insurance Deductible and Coinsurance Amounts¹

FOR BENEFIT PERIODS BEGINNING IN	INPATIENT HOSPITAL ²			SKILLED NURSING FACILITY	HOME HEALTH AGENCY	Blood
	FIRST 60 DAYS	61ST THRU 90TH DAY	60 LIFETIME RESERVE DAYS (NON RENEWABLE)			
	DEDUCTIBLE	COINSURANCE PER DAY	COINSURANCE PER DAY	COINSURANCE PER DAY	NO DEDUCTIBLE OR COINSURANCE	DEDUCTIBLE FIRST 3 PINTS
		Always equal to 1/4 of inpatient hospital deductible	Always equal to 1/4 of inpatient hospital deductible	Always equal to 1/4 of inpatient hospital deductible		(or equivalent units of packed red blood cells) in a benefit period
1966	\$ 40	\$10	Not Covered	Not Covered		
1967	40	10	\$ 20	\$ 5.00		
1968	40	10	22	5.50		
1969	44	11	26	6.50		
1970	52	13	30	7.50		
1971	60	15	34	8.50		
1972	68	17	36	9.00		
1973	72	18	42	10.50		
1974	84	21	46	11.50		
1975	92	23	52	13.00		
1976	104	26	62	15.50		
1977	124	31	72	18.00		
1978	144	36	80	20.00		
1979	160	40	90	22.50		
1980	180	45	102	25.50		
1981	204	51	130	32.50		
1982	260	65	152	38.00		
1983	304	76	178	44.50		
1984	356	89	200	50.00		
1985	400	100				

HI Premiums

Effective 4	7/73	7/74	7/75	7/76	7/77	7/78	7/79	7/80	7/81	7/82	7/83	1/84	1/85
Basic Rate	\$33	\$36	\$40	\$45	\$54	\$63	\$69	\$78	\$89	\$113	\$113	\$155	\$174

Basic Premium Increased by 10% For Each 12 Months of Nonenrollment

1 For services furnished on or after January 1, 1982, the coinsurance amounts are based on the inpatient hospital deductible for the year in which the services were furnished.

For services furnished prior to January 1, 1982, the coinsurance amounts are based on the inpatient hospital deductible applicable for the year in which the individual's benefit period began.

2 For care in psychiatric hospital—190 day lifetime limit.

3 Prior to July 1, 1981, benefits were limited to 100 visits per benefit period under Part A and 100 visits per calendar year under Part B.

4 Not applicable prior to 7/73.

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Part B—Supplementary Medical Insurance (SMI)

Deductible, Coinsurance and Payments

General Payment Rule for SMI Benefits:

\$75 annual deductible effective January 1, 1982, (\$60 from 1973 through 1981, \$50 from 1966 through 1972) and 80% of approved charges No payments for first 3 pints of whole blood or units of packed red blood cells in a calendar year (blood deductible). Following are exceptions to this rule:

Home Health Services

- * From 1/1/73 through 6/30/82: \$60 annual deductible
100% of reasonable costs
- * On or after 7/1/82: No deductible
100% of reasonable costs

Provider Services and Services of Rural Health Clinics

- * Annual deductible
- * Reasonable costs
- * Less the coinsurance amounts charged

NOTE 1. Outpatient Physician Services for Mental Illness—
50% of approved charges

Up to a maximum of \$250 in benefits per year

2. Physical Therapy Services furnished by Physical Therapists in Private Practice—

Maximum annual approved charges

7/1/73 through 12/31/81. \$80 per year

1/1/82 and thereafter \$400 per year

Initial Enrollment Period

(7 months)

E-3	E-2	E-1	E	E+1	E+2	E+3	E+4	E+5	E+6
X	X	X	C						
			X	C					
				X	C				
					X	C			
						X		C	
							X		C

X — Month of Enrollment

C — First Month of Coverage

E — First Month of Eligibility (ordinarily month individual attains age 65 or 25th month after an individual is entitled to disability benefits)

NOTE Eligible persons will be automatically enrolled for SMI when they first become entitled to HI

General Enrollment Period—Opportunities for enrollment or re-enrollment in SMI are available from January 1 to March 31 of each year, with coverage effective the following July 1.

Exception For the period 4/1/81—9/30/81 only, individuals were allowed to enroll in SMI with coverage effective 3 months later

SMI Premiums

Effective	7/66	4/68	7/70	7/71	7/72	8/73	9/73	7/74	7/76	7/77	7/78	7/79	7/80	7/81	7/82	7/83	1/84	1/85
Basic Rate	\$3.00	\$4.00	\$5.30	\$5.60	\$5.80	\$6.10	\$6.30	\$6.70	\$7.20	\$7.70	\$8.20	\$8.70	\$9.60	\$11.00	\$12.20	\$12.20	\$14.60	\$15.50

Basic Premium will be Increased by 10% For Each 12 Months of Non-enrollment

Time Limit For Filing Part B Claims

Services Received	Claims Must Be Filed By
07/1/66-09/30/66	1968 (April 1)
10/1/66-09/30/67	12/31/68
10/1/67-09/30/68	12/31/69
10/1/68-09/30/69	12/31/70
10/1/69-09/30/70	12/31/71
10/1/70-09/30/71	12/31/72
10/1/71-09/30/72	12/31/73
10/1/72-09/30/73	12/31/74
10/1/73-09/30/74	12/31/75
10/1/74-09/30/75	12/31/76
10/1/75-09/30/76	12/31/77
10/1/76-09/30/77	12/31/78
10/1/77-09/30/78	12/31/79
10/1/78-09/30/79	12/31/80
10/1/79-09/30/80	12/31/81
10/1/80-09/30/81	12/31/82
10/1/81-09/30/82	12/31/83
10/1/82-09/30/83	12/31/84
10/1/83-09/30/84	12/31/85
10/1/84-09/30/85	12/31/86